



Florida Department of Agriculture and Consumer Services  
Division of Licensing

APPLICATION FOR CHANGE IN AGENCY PARTNER OR CORPORATE OFFICER

Chapter 493, Florida Statutes

Post Office Box 6687 ♦ Tallahassee, FL 32314-6687 ♦ (850) 245-5691  
Internet Address: <http://mylicensesite.com>

ADAM H. PUTNAM  
COMMISSIONER

For Office Use Only

EXISTING AGENCY NAME

EXISTING AGENCY LICENSE NUMBER

**SECTION I. PARTNER OR CORPORATE OFFICER INFORMATION**

SOCIAL SECURITY NO. VOLUNTARY ALIEN REGISTRATION NO. If you are an alien, you must also provide your Alien Registration Number.

LAST NAME FIRST NAME MI

RESIDENCE ADDRESS

RESIDENCE ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

CITY STATE ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE

MAILING ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

CITY STATE ZIP CODE

SEX RACE EYE COLOR HAIR COLOR DATE OF BIRTH (MMDDYYYY) WEIGHT HEIGHT FT IN

PLACE OF BIRTH (CITY, STATE OR PROVINCE, AND COUNTRY)

HOME PHONE NUMBER WORK PHONE NUMBER

E-MAIL ADDRESS



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PLEASE DO NOT WRITE ON THIS PAGE

**SECTION II. PRIOR ADDRESS HISTORY**

Please list all addresses where you have lived for the past 5 YEARS. Begin with your current address. If more space is required, you may use a separate sheet of paper.

|  |       |     |
|--|-------|-----|
| STREET ADDRESS   |       |     |
| CITY   | STATE | ZIP |
| LENGTH OF TIME AT THIS ADDRESS                                 |       |     |
| FROM: _____ / _____ TO: _____ / _____<br>MONTH YEAR MONTH YEAR |       |     |

|  |       |     |
|--|-------|-----|
| STREET ADDRESS   |       |     |
| CITY   | STATE | ZIP |
| LENGTH OF TIME AT THIS ADDRESS                                 |       |     |
| FROM: _____ / _____ TO: _____ / _____<br>MONTH YEAR MONTH YEAR |       |     |

|  |       |     |
|--|-------|-----|
| STREET ADDRESS   |       |     |
| CITY   | STATE | ZIP |
| LENGTH OF TIME AT THIS ADDRESS                                 |       |     |
| FROM: _____ / _____ TO: _____ / _____<br>MONTH YEAR MONTH YEAR |       |     |

|  |       |     |
|--|-------|-----|
| STREET ADDRESS   |       |     |
| CITY   | STATE | ZIP |
| LENGTH OF TIME AT THIS ADDRESS                                 |       |     |
| FROM: _____ / _____ TO: _____ / _____<br>MONTH YEAR MONTH YEAR |       |     |

|  |       |     |
|--|-------|-----|
| STREET ADDRESS   |       |     |
| CITY   | STATE | ZIP |
| LENGTH OF TIME AT THIS ADDRESS                                 |       |     |
| FROM: _____ / _____ TO: _____ / _____<br>MONTH YEAR MONTH YEAR |       |     |

|  |       |     |
|--|-------|-----|
| STREET ADDRESS   |       |     |
| CITY   | STATE | ZIP |
| LENGTH OF TIME AT THIS ADDRESS                                 |       |     |
| FROM: _____ / _____ TO: _____ / _____<br>MONTH YEAR MONTH YEAR |       |     |

|  |       |     |
|--|-------|-----|
| STREET ADDRESS   |       |     |
| CITY   | STATE | ZIP |
| LENGTH OF TIME AT THIS ADDRESS                                 |       |     |
| FROM: _____ / _____ TO: _____ / _____<br>MONTH YEAR MONTH YEAR |       |     |

### SECTION III. PRIOR EMPLOYMENT HISTORY

Provide your employer's name & address and your dates of employment for the past 5 YEARS. Begin with your current employer. If you were not employed at any time during the past 5 years, write "unemployed" under *Name of Employer* and provide the corresponding dates in *Dates of Employment*. If more space is required, you may use a separate sheet of paper.

|                  |  |                     |
|------------------|--|---------------------|
| NAME OF EMPLOYER |  | PHONE NUMBER<br>( ) |
| STREET ADDRESS   | CITY, STATE, ZIP CODE  |                     |
| JOB TITLE        | DATES OF EMPLOYMENT<br>FROM: ____ / ____ TO: ____ / ____<br>MONTH      YEAR          MONTH      YEAR |                     |

|                  |  |                     |
|------------------|--|---------------------|
| NAME OF EMPLOYER |  | PHONE NUMBER<br>( ) |
| STREET ADDRESS   | CITY, STATE, ZIP CODE  |                     |
| JOB TITLE        | DATES OF EMPLOYMENT<br>FROM: ____ / ____ TO: ____ / ____<br>MONTH      YEAR          MONTH      YEAR |                     |

|                  |  |                     |
|------------------|--|---------------------|
| NAME OF EMPLOYER |  | PHONE NUMBER<br>( ) |
| STREET ADDRESS   | CITY, STATE, ZIP CODE  |                     |
| JOB TITLE        | DATES OF EMPLOYMENT<br>FROM: ____ / ____ TO: ____ / ____<br>MONTH      YEAR          MONTH      YEAR |                     |

|                  |  |                     |
|------------------|--|---------------------|
| NAME OF EMPLOYER |  | PHONE NUMBER<br>( ) |
| STREET ADDRESS   | CITY, STATE, ZIP CODE  |                     |
| JOB TITLE        | DATES OF EMPLOYMENT<br>FROM: ____ / ____ TO: ____ / ____<br>MONTH      YEAR          MONTH      YEAR |                     |

|                  |  |                     |
|------------------|--|---------------------|
| NAME OF EMPLOYER |  | PHONE NUMBER<br>( ) |
| STREET ADDRESS   | CITY, STATE, ZIP CODE  |                     |
| JOB TITLE        | DATES OF EMPLOYMENT<br>FROM: ____ / ____ TO: ____ / ____<br>MONTH      YEAR          MONTH      YEAR |                     |

|                  |  |                     |
|------------------|--|---------------------|
| NAME OF EMPLOYER |  | PHONE NUMBER<br>( ) |
| STREET ADDRESS   | CITY, STATE, ZIP CODE  |                     |
| JOB TITLE        | DATES OF EMPLOYMENT<br>FROM: ____ / ____ TO: ____ / ____<br>MONTH      YEAR          MONTH      YEAR |                     |

|                  |  |                     |
|------------------|--|---------------------|
| NAME OF EMPLOYER |  | PHONE NUMBER<br>( ) |
| STREET ADDRESS   | CITY, STATE, ZIP CODE  |                     |
| JOB TITLE        | DATES OF EMPLOYMENT<br>FROM: ____ / ____ TO: ____ / ____<br>MONTH      YEAR          MONTH      YEAR |                     |

**SECTION IV. MILITARY HISTORY**

Have you ever been court-martialed, fined, or disciplined under UCMJ or service regulations?  YES  NO  
If answer is YES, explain fully, giving dates and provide documentation on a separate sheet.

**SECTION V. CRIMINAL HISTORY**

Have you ever been convicted or had adjudication withheld on any felony or misdemeanor in any jurisdiction?  YES  NO  
(Do not include parking or speeding violations).  
If YES, please provide accurate and complete information below AND submit certified copies of court dispositions.  
Falsification of answers or failure to provide certified copies of court dispositions may result in the denial of your application.

| DATE OF ARREST | COUNTY/STATE | CHARGES | DISPOSITION(S) |
|----------------|--------------|---------|----------------|
|                |              |         |                |
|                |              |         |                |
|                |              |         |                |
|                |              |         |                |

Are you currently on parole, probation, deferred prosecution, pre-trial intervention, or any other form of state or federal supervision?  YES  NO

**SECTION VI. ALIASES**

Have you ever been known by a name other than the one stated on the front page of this application?  YES  NO  
(This includes married, maiden, professional, alias, or fictitious names.) If YES, please list those names below:

|      |      |
|------|------|
| NAME | NAME |
| NAME | NAME |

**SECTION VII. PERSONAL HISTORY**

- a) Have you ever been adjudicated incapacitated\* under Chapter 744, F. S., or similar laws of another state?  YES  NO  
\*["Adjudicated incapacitated" means the court has determined you are incapable of taking care of yourself].  
If YES, please provide a certified copy of the court document restoring capacity.
- b) Have you ever been involuntarily placed in a treatment facility for the mentally ill under Chapter 394, F. S., or under the authority of similar laws of another state?  YES  NO  
If YES, please provide a certified copy of the court document restoring competency.
- c) Have you ever been diagnosed with a mental illness?  YES  NO  
If YES, please provide a statement from a psychiatrist or psychologist licensed in Florida attesting that you are not currently suffering from a mental illness that precludes you from performing regulated duties.
- d) Do you currently abuse any controlled substance?  YES  NO
- e) Do you have a history of controlled substance abuse?  YES  NO  
If YES, please submit evidence of successful completion of a drug rehabilitation program and three letters of reference, one of which should be from your sponsor in the rehabilitation program.
- f) Do you have a history of alcohol abuse?  YES  NO  
If YES, please submit evidence of successful completion of an alcohol rehabilitation program and three letters of reference, one of which should be from your sponsor in the rehabilitation program.

**SECTION VIII. TRAINING/EXPERIENCE**

Have you ever been licensed to perform similar activities in Florida or in any other state? If YES, please specify which state, the period of time during which you were licensed, and the name(s) under which you were licensed:  YES  NO  
  
STATE: \_\_\_\_\_  
  
PERIOD OF LICENSURE: \_\_\_\_\_  
  
NAME(S) UNDER WHICH YOU WERE LICENSED: \_\_\_\_\_

**SECTION IX. EXEMPTION FROM PUBLIC RECORDS DISCLOSURE**

See Section IX of the Application Instructions to determine if you qualify for exemption from Public Records Disclosure.  YES  NO  
If you do not qualify for the exemption, proceed to Section X.  
If you qualify for the exemption, do you wish to have the information kept confidential?

**SECTION X. CITIZENSHIP**

a) Are you a citizen of the United States?  YES  NO  
 If YES, proceed to Section XI of the application form.  
 If NO, you must answer question (b) below. See Section X of the APPLICATION INSTRUCTIONS for further details.

b) Are you deemed a lawful permanent resident alien by the Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) or have you been granted authority to own and operate the type of agency for which you are applying?  YES  NO  
 If YES, you must submit a clear and legible copy of your Permanent Resident Alien card or documentation issued to you by the USCIS specifically stating that you are lawfully in the United States and are authorized to own and operate the type of agency for which you are applying. If you are not a lawful permanent resident alien or cannot present the other requested USCIS documentation, you are not eligible for licensure. An Employment Authorization document issued by USCIS is not sufficient.

**SECTION XI. PERSONAL INQUIRY WAIVER AND NOTARIZATION STATEMENT**

I certify that I understand that the Division of Licensing will conduct any investigation deemed necessary to assure that I have met all statutory requirements for licensure. I understand that inquiry shall be made regarding my criminal history and that subsequent investigation may include my school records, employment history, financial records, any history of controlled substance or alcohol abuse, and my mental capacity.

I hereby waive any provision of law forbidding any school official, court, police agency, employer, firm or person from disclosing to the Division any knowledge or information concerning me, and I do certify that I give permission for such entity to disclose any information and to provide any record requested concerning me to the Division.

I also affirm that the information contained in this application and all attachments I have submitted to be true and correct to the best of my knowledge. I understand that falsification of any information or documentation submitted with this application may be grounds for denial or revocation of the license.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date Signed

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

The foregoing application was sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

\_\_\_\_\_  
 Print Name of Applicant

\_\_\_\_\_  
 NOTARY SIGNATURE

\_\_\_\_\_  
 PRINT, TYPE, OR STAMP NAME OF NOTARY

Personally Known     Produced Identification    Type of Identification Produced \_\_\_\_\_

**SECTION XII. PARTNER / OFFICER(S) BEING REPLACED**

|           |                        |
|-----------|------------------------|
| NAME      | SOCIAL SECURITY NUMBER |
| JOB TITLE |                        |
| NAME      | SOCIAL SECURITY NUMBER |
| JOB TITLE |                        |
| NAME      | SOCIAL SECURITY NUMBER |
| JOB TITLE |                        |